

**DHR**  
**State of Maryland, Child Support Enforcement Administration**

**Direct Deposit Authorization Form**

**Directions:** Print all information on the lines provided clearly and legibly. You **must** include a copy of your driver's license or a state issued photo identification as well as a voided check. Starter checks (those that do not have printed name and address information or are lower than 100 in count) are not acceptable.

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_

Choose one of the following below by placing an X on the corresponding line:

\_\_\_\_\_ Set up a new Direct Deposit (this takes approximately 4 to 6 weeks)

\_\_\_\_\_ Change your Direct Deposit to a new bank/account number (21 days)  
- *Paper check will issue until Direct Deposit change is effective*

\_\_\_\_\_ Discontinue your current Direct Deposit (no voided check necessary) (21 days)

**Authorization Agreement**

I hereby authorize **The State of Maryland** to initiate automatic deposits to my account at the financial institution provided by me through my voided check. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I hereby authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by off-setting the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit had been recovered, in full.

Further, I agree not to hold **The State of Maryland** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **The State of Maryland** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the State of Maryland.

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

**You must attach a voided check and a copy of your state issued photo identification for your application to be processed.**

***Send the completed application, voided check, and copy of your state issued photo identification to:***

**CSEA, Direct Deposit Enrollment Application, P.O. Box 17615, Baltimore, MD 21297**